TRAV	EL EXPEN	ISE CLAIM				uctions ar		0						
STD 262 (REV 10/92) Stateme							erse Side			Page 1 of 1			1	
Matthew David							W EOTEL NO	IIDEN						
POSITION CB/ID NUMBER							BUREAU			or's Offic	INDEX NUME	IER		
Deputy Chief of Staff RESIDENCE ADDRESS							nications							
RESIDENCE	ADDRESS				13			TELEPHONE	NUMBER					
CITY		STATE		ZIP		State Ca	ipitol			STATE		<u> </u>	ZIP	
and the second						Sacrame	ento			Califor	nia		95814	
	,	T	T	T	MEALS	Tour.	I		TI	RANSPORTAT			75014	
ме	MONTHLYEAR		LODGING				INCIDENTALS		CARFARE,		T		BUSINESS	TOTAL
8/10		WHERE EXPENSES						COST OF		TOLLS,	PRIVATE CAR USE		EXPENSE	1
DATE	TIME	WERE INCURRED		BREAKFAST	LUNCH	DINNER		TRANS.	TYPE USED	PARKING	MILES	AMOUNT		FOR DAY
11-Feb	5.45am - 2001	Sac > LA		6,00				173.70				0.00		179.7
12-Feb		ос										0.00		0.0
13-Feb		ос	+.									0.00		0.0
14-Feb	69	OC > Sac						176.70				0.00		176.7
	1											0.00		0.0
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
					-							0,00		0.00
												0.00		0.00
												0.00		0,00
												0.00		0.00
	SUBTOT	ALS	0.00	6.00	0.00	0.00	0.00	350.40	0 00	0.00	0	0.00	0.00	
COLUMN CODE (ACCTG. USE ONLY)		MARIE.	Series.	135.4		47422		Park is	1.2.682		led4	the side		
	CLAIM TO	DTAL					50						\$35	6.40
		EMARKS AND DE		tach receip	ts when	required)					NORMAL \	WORK HOL	JRS	
GS Stat	f for Californ	ia Task Force 2 I	event								PRIVATE \	VEHICLE LI	CENSE NU	JMBER
										e	MILEAGE 1 0,445	RATE CLAI	MED	
										¥7		Y ACCOL	JNTING C	FFICE
LHERERY (CERTIFY That the	above is a true statement	of the travel	expenses incu	irred by me	in accordance	with DPA ru	es in the sen	vice of the St	ate of	10.2	USE		
		vehicle was used and if n									PAID BY	REVOLVING F		IUMBER
		and that I have met the rec) / / 6	20	9
	vehicle safety and										1	40	70	1
CLAIMANT'S	SIGNATURE				DATE	,	SIGNATURE	OF OFFICER	APPROVING T	RAVEL AND	PAYMENT		DATE /	/
	N .				3/1	/10							3/3	//0
SIGNATURE	OF TITLE OF AUTHO	OR TY FOR SPECIAL EXPE	NSES							į.	•		DATE	

TRAVE	EL EXF	PENSE CLAIM					nd Privacy	,			5						
STD 262 (REV 10/92) Stateme							erse Side	BER		Page 1 of 1							
Matthew David										or's Office							
POSITION CB/ID NUMBER							BUREAU			INDEX NUMBER							
Deputy Chief of Staff							nications			TELEGOLOUS MANAGER							
RESIDENCE	ADDRESS		E.	TERS ADDRES	S		TELEPHONE NUMBER										
CITY STATE ZIP							apitol			STATE	ZIP						
							Sacramento Calif					ornia 95814					
MEALS									TR	ANSPORTATION	ис						
MONTHYEAR		LOCATION								CARFARE,			BUSINESS	TOTAL			
0	0 10	WHERE EXPENSES	LODGING				INCIDENTALS	COST OF		TOLLS,	PRIVATE CAR USE		EXPENSE	EXPENSES			
DATE	TIME	WERE INCURRED		BREAKFAST	LUNCH	DINNER		TRANS.	TYPE USED	PARKING	MILES	AMOUNT		FOR DAY			
20-Feb	6:30am	SMF > BUR > DC	143.12					173.70				0.00		316.82			
21-Feb		DC	143.12				6.00			35.00		0.00		184.12			
22-Feb		DC >LA					6.00					0.00		6.00			
23-Feb		LA					6.00					0.00		6.00			
24-Feb	7pm	LA > SMF		2.61	10.00		6.00	173.70				0.00		192.31			
												0.00		0.00			
												0.00		0.00			
												0.00		0.00			
												0.00		0.00			
								200				0.00		0.00			
												0.00		0.00			
				1000000								0.00		0.00			
												0.00		0.00			
		OTALS	286.24	2.61	10.00	0.00	24.00	347.40	0.00	35.00	(0.00	0.00				
COLUMN	CODE (ACCTG. USE ONLY)			- 1					138825	NAME OF STREET	" e fr				
	CLAIN	TOTAL											\$70	5.25			
		IP, REMARKS AND						740	200		NORMAL	WORK HO	URS				
Staff GS	for NG	A Conference; Sta	aff for G	S Bloom	Energy;	Staff for	· GS Obes	sity Sum	mit		PRIVATE VEHICLE LICENSE NUMBER						
													MILEAGE DATE OLANIES				
										•	MILEAGE RATE CLAIMED 0.445						
											AGEN	CY ACCO	UNTING	OFFICE			
I HEREBY C	CERTIFY, Th	nat the above is a true state	ement of the	ravel expense	es incurred t	by me in acco	ordance with D	PA rules in I	he service of	the State of		USE	ONLY				
California I	f a privately	owned vehicle was used a	nd if mileage	exceeds the	minimum ra	te, I certify th	e cost of the o	perating the	vehicle was e	equal to or	PAID E	Y REVOLVING	FUND CHECK	NUMBER			
		imed, and that I have met t	he requireme	ents as prescr	ibed by SAN	1 Sections 07	50, 0751,075	2, 0753 and	0754		2	MC	193	5			
pertaining to CLAIMANT'S	Committee of the Commit				DATE		SIGNATURE	OF OFFICER	APPROVING .	TD	J. STATE OF		DATE /	1			
												-	3/8	10			
SIGNATURE	OF TITLE OF	AUTHORITY FOR SPECIAL	EXPENSES										DATE	1			